

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101587, 183

FILING DATE

7.25-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1-		
3				1-		
4				1-		
5				1-		
6				1-		
7				1-		
8				1-		
9				1-		
10				1-		
11				1-		
12				1-		
13				1-		
14				1-		
15				1-		
16				1-		
17				1-		
18				1-		
19				1-		
20				1-		
21				1-		
22				1-		
23				2		
24				1-		
25				0-		
26				0-		
27				0-		
28				0-		
29			1			
30				1-		
31						
32						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						